

Utah Specific Objectives

Emergency Medical Technician – Basic



U

**UTAH DEPARTMENT OF HEALTH
DIVISION OF HEALTH SYSTEMS IMPROVEMENT
BUREAU OF EMERGENCY MEDICAL SERVICES**

March 2007

TABLE OF CONTENTS

INTRODUCTION	3
PEDIATRIC IMMOBILIZATION	4
OBJECTIVES.....	4
PREPARATION.....	5
PRESENTATION	5
HAZARDOUS MATERIALS	7
NO CONTENT	7
START AND JUMP START TRIAGE	8
NO CONTENT	8
DNR REGULATION IN UTAH	9
NO CONTENT	9
CRITICAL INCIDENT STRESS MANAGEMENT	10
NO CONTENT	10
GERIATRICS	11
NO CONTENT	11

Introduction

The Utah Specific Objectives for the Emergency Medical Technician – Basic 2007 (BUSO) has been designed to equip Course Coordinators with a tool to direct them in lesson planning and student evaluation.

Shortly after Utah adopted the 1994 National Standard Curricula (NSC), Emergency Medical Technician -Basic (EMT-B) an assessment was conducted to ensure that the course content met the training needs of our EMT-B students. This assessment has continued and the training requirements have been updated as needed. In addition to the 46 NSC lessons, 6 lessons with content identified to fulfill deficiencies in the core NSC have been added as a requirement for all Utah EMT-B courses. These lessons require an additional 10 hours of training above the NCS, which brings the total required course time to 120 hours. The content for these lessons should be designed to achieve all of the objectives outlined in this resource. The objectives as well as supplemental training information on these subjects have been compiled in this document. Every Course Coordinator that teaches EMT-B courses should have and utilize a copy of the BUSO.

During the last ten years additional lessons have been required as part of the EMT-B training. The Course Coordinators have done an admirable job of facilitating these required lessons without specific direction or objectives from the Bureau of Emergency Medical Services (BEMS). As you will notice this Document is currently being developed and only select topics have completed objectives. If you have this DRAFT version please check the BEMS training website regularly for updates.

PEDIATRIC IMMOBILIZATION

OBJECTIVES

COGNITIVE OBJECTIVES

By the end of the pediatric immobilization hour, the EMT Basic student will be able to:

1. Discuss when to use a pediatric cervical collar immobilization device.
2. Describe how to size a pediatric patient with a cervical collar.
3. Discuss how to use towels, washcloths or blankets for pediatric cervical spine immobilization.
4. Discuss when to remove a pediatric patient from their car seat and when to secure them within it.
5. Describe how to remove a pediatric patient from their car seat.
6. Describe how to immobilize a pediatric patient within a car seat.
7. Discuss where within the ambulance it is appropriate to secure a car seat.
8. Discuss the different types of pediatric specific backboards.
9. Discuss the potential benefits of using a pediatric specific backboard.

AFFECTIVE OBJECTIVES

By the end of the pediatric immobilization hour, the EMT Basic student will be able to:

10. Attend to the feelings and fears of the pediatric patient while being immobilized and transported.

PSYCHOMOTOR OBJECTIVES

By the end of the pediatric immobilization hour, the EMT Basic student will be able to:

11. Demonstrate proper cervical spinal immobilization with a cervical collar on a pediatric patient.
12. Demonstrate proper cervical spinal immobilization with towels, washrags or blankets on a pediatric patient.
13. Demonstrate proper immobilization techniques for a pediatric patient on a rigid spine board.
14. Demonstrate proper immobilization techniques for a pediatric patient on a conforming extrication device.
15. Demonstrate proper immobilization techniques for an infant and child within a car seat.
16. Demonstrate ability to secure a car seat to a stretcher.
17. Demonstrate proper extrication of an infant and child from a car seat using spinal precautions.

PREPARATION

Motivation:	Pediatric immobilization requires special considerations.
Prerequisites:	BLS, Preparatory, Airway, Patient Assessment, History and Physical Exam for Medical and Trauma Patients, Infants and Children.

MATERIALS

AV Equipment:	Typically none required.
EMS Equipment:	Pediatric cervical collars, rigid spine boards, conforming extrication device, full body child and infant manikins, stretcher, car seat, tape, towels (or other forms of padding).

PERSONNEL

Primary Instructor:	One proctor for the written evaluation.
Assistant Instructor:	The instructor to student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in infant and child immobilization.
Recommended Minimum Time to Complete:	One hour.

PRESENTATION

DECLARATIVE (WHAT)

1. Use of a pediatric cervical collar:
 - a. Maintain manual stabilization until c-collar is applied
 - b. Ensure the collar is the appropriate size.
 - i. Measure from the child/infant's jaw to the shoulder, same as an adult.
 - ii. Discuss problems with poorly fitted c-collars
 - iii. Practice

- c. If the appropriate sized collar is unavailable, discuss use of rolled towels, washrags, or blankets to substitute.
 - i. Practice
2. Securing child to a rigid spine board:
 - a. Rolling patient
 - b. Discuss need for padding under thoracic region to maintain in line spine and open airway.
 - c. Discuss need for padding to the side of the child to ensure there is no lateral movement of the patient once secured.
 - d. Secure torso first, head last
 - e. Practice
3. Securing spine of child with use of a conforming extrication device:
 - a. Rolling patient
 - b. Practice
4. Car seats:
 - a. Discuss when child/infant would need to be removed
 - i. Inspect the car seat to see if there is any structural damage to the seat
 - ii. If the seat would get in the way of treatment
 - b. Demonstrate how to immobilize pediatric patient within a car seat.
 - i. Leave straps in place
 - ii. Apply c-collar if appropriate size is available.
 - iii. Pad all empty spaces in seat to stop movement.
 - iv. Secure child and padding with tape.
 - v. Secure car seat to stretcher.
 - c. Demonstrate how to remove a child/infant from a car seat.
 - i. Stabilize head in neutral position.
 - ii. Lay car seat down on top of a spine board.
 - iii. Slide child out of seat onto board.
 - iv. Pad under the thoracic region.
 - v. Pad sides to prevent lateral movement.
 - vi. Secure torso first, head last
 - d. Practice all skills.
5. Feelings and fears of the pediatric patient:
 - a. Discuss why pediatric patients may have fears to being immobilized and transported.
 - i. They were just in a stressful accident.
 - ii. They can't see or hear their caregivers.
 - iii. They don't understand what is going to happen.
 - b. Discuss how to alleviate these fears.
 - i. Make sure you remain calm.
 - ii. Talk to the patient at their level or a little above (never speak down to pediatric patients, especially if they are school aged children).
 - iii. Tell the patient what you are going to do before you do it.
 - iv. When possible, have the caregiver within visual and audio range of the pediatric patient.

Hazardous Materials

No content

DRAFT

Start and Jump Start Triage

No content

DRAFT

DNR Regulation in Utah

No content

DRAFT

Critical Incident Stress Management

No content

DRAFT

Geriatrics

No content

DRAFT